

VANDERBILT UNIVERSITY MEDICAL CENTER

HOUSE ORGAN

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November 2009



Our New Home

A guide to the Critical Care Tower

Art exhibit at One Hundred Oaks shows Vanderbilt's talent

BY WAYNE WOOD

By now most of us know that VUMC has transformed One Hundred Oaks into a really snappy-looking place to go to the doctor.

But I don't want you to miss the fact that through Friday, Dec. 11, One Hundred Oaks also has one of the most interesting art exhibits in Nashville. And here's the kicker: every artist exhibited at the "Vanderbilt Employee and Family Art Show" has a Vanderbilt connection—either an employee or a family member of an employee.

The exhibit is incredibly diverse, featuring 70 artists and 124 pieces, and is sponsored by the National Arts Program, which was founded in 1983 to encourage and identify artistic talent in the U.S., and which provided prize money.

The program partners with other organizations for its exhibits, and this show at One Hundred Oaks is a partnership with Vanderbilt through VUMC's Office of Cultural Enrichment.

Well, if the goal was to find artistic talent, I would say that goal was met. I spent way too much time one recent afternoon wandering through this amazing show, all the more amazing considering that much of the work was done by our co-workers.

There were watercolors and oils; portraits, landscapes and abstracts, even some sculpture; there was work by professional artists and children artists. So many worlds as viewed through so many personal prisms and talent.

The show was judged by Roger Clayton, a local artist whose work is familiar to Vanderbilt people because it's in Monroe Carell Jr. Children's Hospital; Stefanie Darr, Educator for Public Programs at the

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Our New Home

The opening of the Critical Care Tower is a milestone in patient care at VUMC. Questions and answers about the extraordinary new facility that opens this month.

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Save the Bobcats

When staffers at VUMC's Shade Tree Clinic heard that the neighborhood football team, the East Nashville Bobcats, was in financial trouble, the students and faculty jumped in to help. Right, Coach Ronald Ballet oversees his players.



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2009 Medical Center Staff Advisory Council Grants

Each year projects and activities at the Medical Center compete for funding. A look at the MCSAC grants for this year.

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Everything you want to know about VUMC's new Critical Care Tower

Q&A on CCT

BY LESLIE HAST

This month, the Critical Care Tower is ready to take its place alongside the north and south towers of Vanderbilt University Hospital. The 11-story addition will house 12 new operating rooms and 102 new patient beds in the three intensive care units that will move into the space—medical, surgical and neurological.

A lot has changed since VUH originally opened in 1980, and the new tower has the space and technology to provide the highest quality care to Vanderbilt's sickest patients. The new tower is just one item on a long list of changes to a hospital that was designed with renovation in mind, including the addition of Lifeflight's helipad, two complete renovations of the emergency department and the relocation of the Children's Hospital.

To give you a glimpse of what makes this tower so great and answer your burning questions (like where exactly the entrance is), we offer the following Q&A.



When will the Critical Care Tower open?

Patients will move into the tower on Nov. 14. The operating rooms will open a few days later.

How much space has been added?

The CCT is 329,000 total square feet, but not all of that space will be used immediately. Three of the tower's 11 floors have been shelled for future growth.

How much did this cost?

About \$169 million. Original construction of VUH in 1980 cost \$65 million, but when adjusted for inflation, cost of the original hospital and the CCT are about the same.

Why was this tower necessary?

Quite simply, we need more space. In the nearly 30 years since VUH opened, a lot has changed in medicine and there just isn't enough space to provide the care that critical patients require. The patient rooms are too small for the high-tech equipment used today, and support spaces do not accommodate all the necessary supplies. There are not enough operating rooms, and many of them are too small for high-tech surgeries. Not all rooms are private, and they do not have bathrooms or let family stay near their loved ones. There is limited space for staff to work and document, and vertical transportation abilities have not kept pace with growth.



The atrium provides greenery and a focal point for the new tower.



Larry Goldberg,
chief executive officer for
Vanderbilt University Hospital

"When I started in 2005, it was apparent that one of our immediate challenges would be to expand inpatient bed and surgical capacity in order to meet the demand for the patients we serve. The Critical Care Tower project will not only allow us to address our capacity needs, but also provide facilities that will support our implementation of cutting edge technologies. We have experienced significant growth over the past decade, which few hospitals have been able to achieve throughout the country. The new Critical Care Tower will allow us to serve more of the community and continue to deliver the quality care which we provide at Vanderbilt."

Did the economic downturn affect the plans at all?

Plans for the CCT have not changed significantly since the economic downturn. The original plan called for an immediate renovation in VUH of surgical support areas and spaces vacated by units moving to the CCT. Those projects are still in the planning phase. Floors 7 and 10 of the CCT will be shelled for future growth. Floor 2 was originally planned for patient and family amenities, but it will be shelled for now.

How many new beds were added?

When the tower opens in November, there will be 34 beds on each of the three patient units, making a grand total of 102 new beds. On floors 7 and 10, which have been shelled, there is potential for 68 additional beds.

What is the design like?

The focal point of the tower is a central atrium with skylights bringing in natural sunlight. It can be accessed from the sixth floor and will have comfortable seating, artwork, a meditation garden and live trees. Interior finishes mimic colors and textures found in nature. Walls are painted in soothing blue and green tones with wood and stone accents.



This alcove allows patient care staff to look into two patient's rooms while working at a computer.



Rooms in the CCT have zones for patients, family and staff.

What's up with the outside?

The CCT doesn't look like the other VUH towers.

The CCT has a blended look to join the all-brick exterior of the existing VUH towers with the more modern steel and glass exteriors of the new research buildings. Architect Jim Tenpenny said the CCT's exterior is the standard for all future construction.



**Charlotte Chaney,
associate hospital director
and head of the Transition
Steering Committee**

"This expansion into a portion of the Critical Care Tower is the second phase of a multi-phased initiative to provide for a state of the art hospital facility for our adult patients. (Phase 1

was the expansion of the Emergency Department.) Future phases include the renovation of VUH as well as opening the remainder of the CCT.

"This new facility will incorporate state of the art technology and is wired to accept future technology. The CCT incorporates state of the art concepts in patient- and family-centered care with space and amenities for the families as well as ample space for the provision of care. This multi-phased VUH expansion plan provides for additional beds, ORs and cardiac services to meet the needs of our growing community."

Will patient rooms be bigger and have a better layout?

The standard patient rooms in the CCT are 320 square feet, more than 200 square feet larger than some of the existing rooms. They will provide plenty of space for the latest technology, and all are private and have a full bath.

The rooms also have an innovative layout, which recognizes the importance of family. They are divided into three zones—staff, patient and family. The staff zone provides plenty of space for caregivers to work around the bedside, and there is a computer in every room for documentation. The patient zone has an ICU Smart Bed with enhanced functions and safety measures, and the head wall has a plethora of ways to hook up or plug in. The family zone has a sleeper sofa, recliner and side chair.

What are some of the innovations in patient rooms?

Besides the features of the new layout mentioned above, there is a dialysis hook-up in every room as well as a standardized patient supply cart. Each unit has a blood gas lab and radiology room with digital radiography for faster test results.

Between every two rooms, there is an alcove with a computer and physiological monitor so staff can perform documentation while observing the patient through a window. Six rooms on each unit can be used for isolation, and three rooms are specially equipped for bariatric patients. These rooms have ceiling supports for lifting the patient ergonomically, and the bathroom and doors are larger. Each unit's ceiling is capable of adding more bariatric lifts if necessary.



**Wright Pinson, M.D., M.B.A.,
deputy vice chancellor for
Health Affairs, senior associ-
ate dean for Clinical Affairs
and director of the Vander-
bilt Transplant Center**

"This new care tower will provide needed beds to our system and will remove some of the frustrations for our faculty and staff from being periodically on diversion for both adult and children's services. It will bring the latest in technology to our patients and our community for years. The infrastructure for this spectacular addition is simply amazing to see. All those involved in all the planning are congratulated."

What are some of the amenities for staff?

The most anticipated amenity is the quiet room—a plush, soothing space where staff can retreat for a few minutes on a tough day. There are also six call rooms dedicated to each service and a work room for staff who visit the unit but have offices elsewhere. Each unit has a conference room that can be divided in two, as well as a family consult room for private conversations.

What are some of the amenities for patients and families?

Best of all, the rooms are now private with a full bath and a place to sleep. Cynthia Facemire, director of the Transition Office, spent 17 nights on one of the recliners that will be used in patient rooms and gave it her stamp of approval. Each room also has a flat-screen TV with Internet connection and a place to store belongings. There is free laundry service on the 9th floor, and detergent may be purchased in the VUH gift shop.

What will the waiting areas be like?

The CCT will have two waiting areas—quiet and active. The quiet space has big windows that look out over the courtyard and TVs and computers are forbidden. There are recliners for resting and blankets provided by the linen service. The active waiting area looks over the central atrium and has a computer, TV and representative from Guest Services to offer assistance. Coffee and vending is available on each floor.

How many new operating rooms were added?

There are 12 new ORs. They will open Nov. 15, one day after the patient move. Some of the existing ORs will be renovated, some closed and others transitioned to a different purpose.

What are some of the innovations in the ORs?

All of the ORs are bigger and some are downright enormous. They all have three booms for lights and monitors, equipment and anesthesia, as well as the latest telemedicine capabilities. All the rooms are interchangeable and available for any service. Shelving is standardized so restocking is more efficient, and specialty items can be brought in as needed. OR 8 has been custom designed for neurosurgery and includes a state of the art bi-plane imaging system. OR 12 is specialized for



The look of the CCT blends the brick of the hospital with the glass and steel of research buildings.



vascular surgery with a single plane imaging system and customized monitor boom.

The floor housing the ORs also has an innovative design. The ORs are configured into pods to maximize teamwork and reflect the leadership structure. The surgical service is currently divided into a pod with its own leadership team, and the OR structure mimics that.

Will there be more storage?

Definitely. There will be 480 square feet on each floor for equipment storage, up from 100 square feet in the existing towers. There will be 350 square feet for supply storage, up from 200. The designers recognized that carts and equipment would inevitably end up lining the halls, so they made all the hallways larger to keep the main pathway clear and give everyone room to pass.

Will there be more IT support?

Vanderbilt Medical Center is known as a “most wired hospital,” and the CCT won’t let that title fall. There are 92 computers in each unit. That’s 34 in patient rooms, 21 at staff work stations, 19 in alcoves between patient rooms, six on wheels for physician rounding, five in call rooms, five in work rooms, and two in the conference room. Plus, there’s one in each active waiting area for families to use.

Will there be more elevators?

Yes! There will be two public elevators and one service elevator in the CCT. Staff and visitors can also continue to use the elevators in the North and South Towers and cross over to the CCT. There will be two patient transport elevators, but don’t count on using these for a joyride—they have card swipe access.



Will there be any changes to patient food service?

The additional elevators will eventually allow a transition from cook-chill to cook-serve food system to all patients at VUH. In the current cook-chill system, food is cooked to 80 percent done days ahead of its serve date, then rapidly chilled. When it is time to serve the food, it is plated on a tray and placed in a box that reheats it in about 45 minutes. Though the food always arrives hot to patients, the menu is limited to items that reheat well and the food cannot be garnished. With increased elevator capacity from the CCT, food will be cooked the same day and delivered hot and fresh. Patients will order their food one day in advance.

What has been done to prepare for the move?

Many training exercises have been held to prepare staff to work in the new space and practice how patients will be transported on the day of the move. A “Day in the Life” exercise led unit staff through scripted scenarios to test the new facility systems, such as patient beds and physiological monitors. A mock patient move tested the routes patients will take to the new units and the sequencing of elevator trips.



Terrell Smith, R.N., M.S.N.
director of Patient
and Family Centered Care

“The expansion to the new Critical Care Tower will mean that we have actually translated our philosophy of Patient and Family Centered Care practices into a unique building structure. Engaging patients and their families as respected partners with the medical team will enhance patient outcomes, comfort and safety. Family involvement helps patients better understand their medicines, treatments and what the health care providers have said. In order to accomplish this, the patient rooms are spacious, designed to have a family zone in the room that can provide for a family member to stay at the bedside.”



Marilyn Dubree, R.N., M.S.N., executive chief nursing officer

"The completion of the Critical Care Tower is the culmination of several years of planning on the part of doctors, nurses, administrators, therapists, etc. We have focused on creating the best space in which to care for the sick-

est of our patients and to involve their families. Moreover, we have the best team of faculty and staff to provide that care. I am so proud of the collaboration that is reflected in this work and look forward to the excellent care that will be provided to those who need our services."



A CCT nurses' station.

Who are the key players overseeing the construction and move?

Jim Tenpenny – architect, space and facilities planning and CCT project manager

Charlotte Chaney – associate hospital director and administrator for transition team

Cynthia Facemire – director of transition team

Barbara Sanders – transition team clinical operations senior associate

Barbara Meriweather – transition team support services senior associate

Cathy Cross – transition team administrative manager

Terry Ralph, construction coordinator, space and facilities planning, CCT construction coordinator

Lenys Biga – associate hospital administrator and patient move/advocacy team co-chair

Pam Hoffner – emergency preparedness coordinator and co-chair patient move/advocacy team

Mike Daly – manager, SICU and patient move/advocacy team co-chair

Devin Carr – administrative director, Surgery and Trauma PCC and education and orientation team chair

Brent Lemonds – administrative director, Emergency services and specialty nursing and operations planning team chair

Stephanie Randa – administrative director, Operative services and Perioperative services team chair

Thomas Naslund, M.D. – Chief, Vascular Surgery and CCT medical staff team chair

What happens to the vacated space in the North and South Towers?

Most future construction is still in the planning phase, but a few things are certain:

- The Children's Hospital is moving back in. It will take up approximately 15 beds on the sixth floor of the south tower, once part of its stomping grounds before the freestanding facility was built. Its opening is planned for Jan. 1.
- 5 South will open on Dec. 7 as a cardiac step-down unit. A 13-bed unit from 6 South will move into the renovated area.
- 7 South will become a cardiology and observation unit and is projected to open mid-December or early January.



Thomas Naslund, M.D., chief of the Division of Vascular Surgery and medical chair of the Transition Committee

"The Critical Care Tower allows us to make a substantial increase in our volume of critical care patients. Critical care is a well-recognized quality feature of Vanderbilt care in the region.

The additional space will allow us to provide this quality critical care to even more patients who need our services."



How does the CCT connect with the existing towers and The Vanderbilt Clinic?

TVC connects on the second and third floors. The South Tower connects on each floor at the east and west corners.

How do I get in?

Good question, since there's no exterior entrance. The main entrance is from the second floor corridor between the medical records hub and Courtyard Café. The units can also be accessed at the east and west corners of the South Tower. Simply pass through some double doors and you're in!



Artwork such as "Ebb and Flow" by Linda Leviton contributes to the pleasant atmosphere.



The atrium will be a gathering place in the CCT.

When can I get a look at this place?

A ribbon cutting will be held Nov. 5. VUMC employees and volunteers are invited to an open house that day from 2–4 p.m. or 6:30–8:30 p.m.



Jeff Balser, M.D., Ph.D., vice chancellor for Health Affairs, dean of Vanderbilt University School of Medicine

"It is the nature of Vanderbilt that we are always working at how to do things better. That's true in our classrooms, in our laboratories, and it's true when it comes to caring for our patients. The new Critical Care Tower is a place where some of our patients who are most in need can receive great care in one of the best facilities in the country. It is also a symbol of our commitment to surrounding those patients with both the latest in technology and with family-focused care—personalized medicine at its best."

SAVE THE BOBCATS

BY CAROLE BARTOO

Trouble for a youth football league turned out to be the perfect opportunity to improve the strength of the bond that exists between two very different communities: Vanderbilt and East Nashville.

Football games on crisp fall nights are like food and water for the neighbors who live in the McFerrin Park area—essential. So when the East Nashville Bobcats were told their league might have to fold, it was very bad news.

"I worried the kids would not have anything to do any more. This league united the whole community—even families not in the program would come out and watch the games," said Coach Ronald Ballet.

The Bobcats have two decades of history in a mostly disadvantaged East Nashville neighborhood. For more than 20 years players in four age groups, starting at age 5 on up to 12, have filled the spectator seats with parents, grandparents, extended family and friends. Sisters are the cheerleaders and every team has volunteer coaches and a "team mom."

Last spring, all of that was in danger

when their sponsor ran out of money and had to drop the team.

"The coach walked into our clinic saying that that someone had told him we could help," recalled Robert Miller, M.D., associate professor of Medicine, who is the mentor and medical director of the Shade Tree Clinic, a free clinic, run by volunteer Vanderbilt University medical students. The Bobcats' practice field lies literally out the back door of the clinic.

"We knew that the team was vital to the community. When you see the kids playing with the support of hundreds of parents, it is important to the community," said Miller.

On Saturdays, students would step outside the clinic's double-wide trailer and into a football rally.

"I came out after seeing patients and every Tuesday night was practice night and Saturday was game day. It was one

big, barbecuing, neighborly party," said Adam Wegner VMSII, student co-director of the clinic. "We really got into watching the games and cheering the teams on."

Any Tuesday evening practice showcased what the neighborhood wanted to protect and preserve: the chance to play. Miller says deciding to help was a no-brainer.

"I knew it would not be insurmountable for Vanderbilt and of all the things we've done in this neighborhood, this would be the one that builds the most trust," Miller said.

Within a couple of weeks, faculty and fans from the very highest levels at the Vanderbilt University Medical Center wrote out their checks. Helmets alone cost \$55 for each boy, to outfit 100 players cost upward of \$11,000. Despite the steep price, the EastSide Bobcats found they had a very dedicated fan base at Vanderbilt.

"For some boys, this is their most enjoyable activity of the whole fall," said John "Dick" Dixon, M.D., associate professor of Medicine.

Dixon's son, J.D., is a coach for the Bobcats and Dixon (who played football in college) sometimes comes out to do a little coaching too. A photograph from the 12-year-old Bobcats' team championship win in 2007 hangs on the wall of his office in the Vanderbilt Heart and Vascular Institute. Dixon, who can rattle off the names of Bobcat players he has known, says it's hard to list the benefits of sports for young people—the list is so long.

"They go on to play varsity football in high school and some may have an opportunity to go on and play in college. But there's practically no chance of a path like that if they don't start young, in these youth leagues," Dixon said.

Coach Ballet, a native New Orleanian,



CAROLE BARTOO

Bobcats players are excited by their new uniforms, excited by their new helmets—overall, they're just excited.



CAROLE BARTO

Coach David "Smokey" Patterson makes it a point to offer encouragement to his players every day.

said he feared loss of the Bobcats might do this neighborhood what loss of a community amusement park did to the neighborhood of his youth.

"That park kept the kids out of trouble and gave them something to look forward to. When it closed the whole neighborhood dropped and crime rose. I didn't want that to happen to people in East Nashville," Ballet said.

Science bears witness to the good a league like the Bobcats can do: According to the National Academy of Sciences, participation in out-of-school activities like sports helps grades, reduces absenteeism and dropout rates, and even reduces violence between student peers.

Patricia Waggoner is a team mom for the pee wee team. Her daughter is a cheerleader and her 5-year-old son played his first season this year. She and other team supporters worked around

the neighborhood to raise most of the money needed for cheerleader uniforms. Shade Tree kicked in the rest. In August, Waggoner took her children to the practice field to pick up brand new uniforms, handed out by the Vanderbilt students.

"When he got his uniform my son said, 'Look mama, I get to wear this jersey! And the pants, do I get to wear the pants and the socks?' I told him yes he did. The morning of the first game he woke me up way before it was time to go and had gotten himself all ready for that game," Waggoner laughed.

Coach Ballet marvels at what has happened here. Last Spring it looked as if the ballfield lights would go dark and opportunities would be lost. Today, the league is finishing up the season. Both coach Ballet's 12-year-old team and Coach J. D. Dixon's 8-year-old team are headed for post season playoff games.

Issac Litton Middle School has now offered to become the East Nashville Bobcats' home field, while practices will remain in McFerrin Park.

"My thought is—wow! That's the biggest word about Shade Tree. They stepped up when they did and if they hadn't, I don't know if we would have had a football program now," Ballet said. "When I look at that (Shade Tree) trailer, I wonder where our community would be if that clinic wouldn't have been there."

Team info: <http://www.tyfa.org/>

Shade Tree info: <http://www.shadetreeclinic.org/>

Coach Ballet, the Eastside BobCats and their friends at the Shade Tree Clinic will be featured on the VUcast video newscast the week of November 8 at <http://www.vanderbilt.edu/news>.

**WHEN HE GOT HIS UNIFORM MY SON SAID,
'LOOK MAMA, I GET TO WEAR THIS JERSEY!'**

watching the wheels continued

Frist Center for Visual Arts; and Alexis Leaneave, Assistant Director of Community Education at Watkins College of Art, Design and Film.

And they came to the conclusion that the Best of Show was "Manic Garden," an abstract painting by W. J. Cunningham of the Department of Bio-



(above) Best of Show! "Manic Garden" by W.J. Cunningham, Biostatistics Accounting Analyst. (right) Jean Simmons, R.N., M.S.N., in Neurology enjoys the art exhibit during a break in her day.

statistics. (For a full list of the winners, click on the link at the House Organ Web site).

Given that I am comically devoid of artistic talent—Sharon can find amuse-



(above) Evelyn Henderson a friend of exhibiting artist, Patircia Eldridge, closely studies Andre Rudloff's second place prize for painting, "Kids with Rice."



ment decades later recalling some drawings I made for a college project—the sheer talent of this One Hundred Oaks show leaves me in awe.



Toni Parmley, R.N., PACO, stands by her artwork ink on paper entitled "Hug."

Staff Council funds projects

The Medical Center Staff Advisory Council has funded 12 grants submitted by Medical Center applicants seeking funding for activities intended to benefit staff, faculty, patients, and/or Vanderbilt affiliated community projects.

The money from the grants comes from the annual Needles and Pins Crafts Fair, which for many years has been supplemented by matching funds from the executive administration of the Medical Center.

"I am amazed at the number of applications we received and the quality of those applications," said Allyson Carroll, president of the council. "I know every member of the council truly wishes that we could fund them all, as they are all worthy of funding."

Seventeen applications were received this year, with 12 awarded all or partial funding by the council, which makes its decisions through a collaborative ranking process.

The funded projects are:

Title of Application	Applicant
Experience Books for Children Enrolled at the Mama Lere Hearing School at Vanderbilt	Tamala Bradham Hearing and Speech Sciences
TRIAD Social Skills Summer Camp	Wendy Stone Vanderbilt Kennedy Center
Joint Contracture Prevention for Neurological Outpatient Clients	Sandra Schneider Pi Beta Phi Rehabilitation Institute
South Nashville Family Resource Center Teaching Kitchens	Tonya Elkins Center for Health Services
Trauma Survivors Network	Susan Sutton Division of Trauma and Surgical Critical Care
Parents Reaching Out Peer Counseling	Derenda Hodge NICU
Vanderbilt Educational Garden Initiative	Sabrina Poon School of Medicine
Inpatient Infant Development Support Initiative	Janet Cross and Jessica Hickey Child Life Services
Promoting Patient-Family Centered Care through Caregiver Assessment of Needs	Angela Hopkins Vanderbilt Home Care Services
Team Building after Tragedy	Amy Shelton Division of Clinical Pharmacology
PUPS (Pressure Ulcer Prevention and Surveillance) in the Emergency Room	Marty Nichols Adult Emergency Department
Injury Prevention from Falls—A Pilot Initiative to Educate Parents	Purnima Unni Pediatric Trauma Program